No. 2 -13-40 17-39 X23159	DEPARTMENT OF COMMERCE MISSOURI STATE E BUREAU OF THE CENSUS STANDARD CERTIF	FICATE OF DEATH State File No. 1913 120
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD	Registration District No. 1. PLACE OF DEATH: (a) County Buchanan (b) City or town Pharal Villa Washington Journship (If outside city or town limits, write "RURAL" and name of township) (c) Name of hospital or institution: Route # 5, 5t. Oseph (If not in hospital or institution, write street number or location), (d) Length of stay: In hospital or institution 1 7. In this community Life time (Specify whether years, months or days) 3. (a) PRINT Darline Phillips FULL NAME Darline Phillips 3. (b) If veteran, name war None No. None Female 5. Color or White Single, widowed married. Single	774 OFF
	6. (c) Name of husband or wife None 6. (c) Age of husband or wife if alive No years 7. Birth date of deceased August 19, (Day) (Year) 8. AGE: Years Months Days If less than one day 1 5 8 hr. min. 9. Birthplace St. Joseph, Missouri (State or foreign country) None 10. Usual occupation None 11. Industry or business None	and that death occurred on the date and hour stated above. Immediate cause of death Programme Talan Duration 7 days Due to Programme Talan Ta
	Ples Phillips 12. Name	Major findings: Of operations. Underline the cause to which death should be charged statistically. 22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify). (b) Date of occurrence. (c) Where did injury occur? (City or town) (County) (State) (d) Did injury occur in or about home, on farm, in industrial place, in public place? White at work? (s) Means of injury. 23. Signature Address State (M. D. orother) Date signed 2
	(Licensed Embalmer's Statement on Reverse Side)	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

, Registered Apprentice No.....

Licensed Embalmer No. 398

the above constitutes grounds for revocation of license.)

working under my personal supervision.

If this body is not embalmed, fact should be so stated above.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALME